

Appendix 2

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982, SECTION 2



APPLICATION FOR THE GRANT*/RENEWAL*/TRANSFER* OF A LICENCE TO USE ANY PREMISES, VEHICLE, VESSEL OR STALL AS A SEX ESTABLISHMENT

1. Is the application being made:
 - (a) by an individual; or
 - (b) ~~on behalf of a partnership; or~~
 - (c) ~~a body corporate?~~

2. Give the full names of the applicant (i.e. the individual, partnership, body corporate or unincorporated body making application). If the applicant is an individual any former names must also be given.

MARTIN PETER CASTLE

3. Give the applicant's permanent home address (if an individual) or registered or principal office (if a partnership, body corporate, or unincorporated body) and a telephone number at which the applicant may be contacted during normal office hours.

437a MILLBROOK ROAD WEST
SOUTHAMPTON HAMPSHIRE SO15 0HX

4. Is the application in respect of a sex shop or a sex cinema?

SEX SHOP

5. Is the application in respect of
 - (a) premises; or
 - (b) ~~a vehicle; or~~
 - (c) ~~a vessel; or~~
 - (d) ~~a stall?~~

6. Where the Licence is sought in respect of a vehicle, vessel or stall state where it is to be used as a sex establishment.

7. Where the Licence is sought in respect of premises give the full address of the premises, including the postcode.

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8. Are the whole of the premises described in response to Question 7 above to be used as a sex establishment?

YES

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9. If the answer to Question 8 above is "No" please state
- (a) which parts of the premises are to be used for the purposes of a sex establishment;
 - (b) the uses to which the remainder of the premises are to be put;
 - (c) the names, addresses and dates of birth of those who are responsible for the management of the remainder of the premises.

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10. Are the premises, vehicle, vessel or stall in use as a sex establishment at the date of this application?

YES

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11. Were the premises, vehicle, vessel or stall in use as a sex establishment on 22nd December 1981?

NO

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12. Under what names are or will the premises be known?

A TASTE OF AMSTERDAM

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13. If the applicant is an individual give the following information:

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- | | | |
|-----|-----------------|---------------|
| (a) | Date of birth; | 19 March 1967 |
| (b) | Place of birth; | SOUTHAMPTON |
| (c) | Nationality. | BRITISH |
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14. If the applicant is a partnership, body corporate or an unincorporated body complete the table in respect of each of the Directors, the Company Secretary or other persons responsible for the management of the body. In the case of a partnership details of all the partners must be given.

Forename	Surname	Former name (if any)	Home Address	Capacity	Date of Birth	Place of Birth	Nationality

15. Complete the table below in respect of each of the individuals whose names are given in response to questions 2 and 14 above.

Names	Date of Birth	If place of birth is not within UK give date when UK residence commenced.	Address or permanent residence throughout six months immediately preceding the date of this application.
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AS PER LAST YEAR'S APPLICATION AND ANSWERS TO
 QUESTIONS 2, 3 AND 13

16. This question need only be answered where the applicant is a Company.
- (a) Is the applicant a wholly or partly owned subsidiary of another Company?
 - (b) What type of Company is the applicant (e.g. public or private limited by share or guarantee etc.?)
 - (c) In which Country is the Company incorporated?
 - (d) What is the date of incorporation of the Company?
 - (e) Supply a certified copy of the applicant Company's Memorandum and Articles.
 - (f) If the applicant is a subsidiary of another Company give the following details and information:-
 - (i) A list of all other companies controlled by the holding company together with full details of any ultimate holding company.
 - (ii) A certified copy of the Memorandum and Articles of the parent company
 - (iii) The names and addresses of the Directors and Company Secretary of the parent company (use a separate sheet if necessary).

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17. If applicant is a company give a full list of names, addresses and holdings of shareholders holding 10% or more of the issued share capital and the number of remaining shareholders.

Name	Address	Date of Birth	Holdings
		21A	

18. Has the applicant a financial interest in the business which is the subject of this application? If 'yes' to what extent? YES - PROPRIETOR
19. Is the whole of the business owned by the applicant? YES
20. If the whole of the business is not owned by the applicant state the names and addresses of those who will share in the profits of the business. In each case state the percentage share to be taken by each individual. N/A
21. Is the applicant concerned in any other way financially or otherwise with any other business? YES - AS PER PREVIOUS APPLICATIONS
22. If the answer to Question 21 is 'yes' give full details of the other business and the nature and extent of the connection. PROVIDED IN PREVIOUS YEARS' APPLICATIONS
23. Is the business required to purchase merchandise from a particular company, person or body? If 'yes' supply a copy of any agreement and state what is to be purchased and from whom. NO
24. Supply scale plans of the premises clearly showing the interior layout and the use of each part (see note C). PROVIDED IN PREVIOUS YEARS' APPLICATIONS.
25. What means are to be taken to prevent the interior of the premises being visible to persons outside the premises? EXPLANATION AND DIAGRAMS INCLUDED IN PREVIOUS APPLICATION
26. Give details of the times during which it is proposed to open the premises:-
- (a) Days of the week AS IT CURRENTLY IS.
- (b) Hours of the day NO CHANGES ARE SOUGHT.

27. In respect of each individual who is to be responsible for the management of the premises in the absence of the licence holder please supply the following details:-

Forename	Surname	Former name (if any)	Permanent Home Address	Date of Birth	Place of Birth	Date upon which became resident in the UK (if place of birth outside UK)	Nationality
<p>SAME AS PREVIOUS APPLICATIONS. THERE HAVE BEEN NO CHANGES.</p>							

28. In respect of each of the persons whose names are given in response to Question 2, 14, 16 and 27 give details of their occupations during the 5 years immediately prior to this application. These must include the names and addresses of all employers and the nature and dates of employment.

Forename	Surname	Former name (if any)	Employers Name and Address	Description of nature of work
			AS PER PREVIOUS APPLICATIONS. THERE HAVE BEEN NO CHANGES.	

29. In respect of each of the persons or bodies whose names are given in response to Questions 2, 14, 16, 17 and 27 give details of their previous convictions and of any previous convictions of any of their spouses:-

Forenames	Surname	Former Name	Date of Conviction	Place of Conviction	Nature of Offence	Sentence
<p>W 2 0 2</p>						

30. Have you any reason to believe that a prosecution may be pending against any of the persons or bodies whose names are given in response to Questions 2, 14, 16, 17 and 27? If 'Yes' give full details.

NO

31. Has any person or body named in this application been associated in any way with any other application for a licence for a sex establishment?

NO

32. Is there in force against the applicant or any of the persons or bodies named in answer to Questions 14, 19, 27 and 29 a disqualification from holding a licence for a sex establishment under the Local Government (Miscellaneous Provisions) Act 1982?

If 'Yes' give full details.

NO

33. Is there any further information which the applicant would wish the Council to take into account when considering this application?

(This space may also be used to amplify any replies to other questions.)

NO THANK YOU .

THIS IS A WELL ESTABLISHED AND
PROPERLY RUN BUSINESS .

APPLICANTS ARE WARNED THAT ANY PERSON WHO, IN CONNECTION WITH AN APPLICATION FOR THE GRANT, RENEWAL OR TRANSFER OF A LICENCE MAKES A FALSE STATEMENT WHICH HE KNOWS TO BE FALSE IN ANY MATERIAL RESPECT, OR WHICH HE DOES NOT BELIEVE TO BE TRUE, IS GUILTY OF AN OFFENCE AND LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING £20,000.00

DECLARATION

I MARTIN PETER CASTLE

declare that the information given above is true and complete in every respect

Dated this 10 day of MARCH 2010

Signature _____

Name of Signatory (BLOCK CAPITALS) MARTIN PETER CASTLE

Designation of Signatory (BLOCK CAPITALS) PROPRIETOR

Applicants are strongly recommended to seek professional legal advice before making an application for a sex establishment licence. Please note that members of the Licensing Team are not able to give such advice to applicants in any circumstances.

APPLICANTS ARE REFERRED TO THE ATTACHED NOTES